

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214551234					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: NAU Country Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2014</p> <p>SCC ID NO: F1807785</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000,000	
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 7333 SUNWOOD DR CITY/ST/ZIP: RAMSEY, MN 55303 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GREGORY J DEAL TITLE: PRES/CEO ADDRESS: 7333 SUNWOOD DRIVE CITY/ST/ZIP/CO: RAMSEY, MN 55303 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: GREGORY J DEAL TITLE: PRES/CEO ADDRESS: 7333 SUNWOOD DRIVE CITY/ST/ZIP/CO: RAMSEY, MN 55303	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD DZIADZIO DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROD FARRELL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN HARNETT DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN LANGIONE DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC METCALF DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN NEAL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY PRZYBYSZEWSKI DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GREGORY J DEAL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GREGORY J DEAL, PRES/CEO PRINTED NAME AND CORPORATE TITLE	11/25/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			